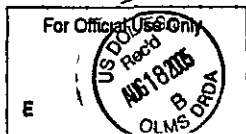


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9581</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing. Name <u>Alan J Ehl</u> P O Box Bldg Room No if any Street <u>19 Evergreen Avenue</u> City <u>Middle Island</u> State <u>New York</u> ZIP Code + 4 <u>11953</u>	4 Name file number and address of labor organization. Name <u>Empire State Carpenters</u> Labor Organization File Number <u>038-352</u> P O Box Building and Room Number if any Street <u>270 Motor Parkway</u> City <u>Huappauge</u> State <u>New York</u> ZIP Code + 4 <u>11788</u>
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>Alan J Ehl</u>	On <u>08 10 05</u> <u>631-924-2980</u> Date Telephone Number



Name of Person Filing Alan Eh1	File Number U
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**Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name Empire Fringe Benefit Fund</p> <p>Trade Name if any Carpenter</p> <p>P O Box Bldg Room No if any</p> <p>Street 270 Motor Parkway</p> <p>City Hauppauge</p> <p>State New York ZIP Code + 4 11788</p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11 a Nature of such dealing</b></p>
	<p><b>11 b Approximate dollar value of such dealing</b></p> <p><b>12 a Nature of interest held or income received</b></p> <p>Education Conference Travel</p> <p><b>12 b Amount.</b> \$216</p>



Name of Person Filing Alan Ehl	File Number U
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**Part B Continuation Page**

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<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name Empire State Fringe Benefit Funds</p> <p>Trade Name if any Carpenter</p> <p>P O Box Bldg Room No if any</p> <p>Street 270 Motor Parkway</p> <p>City Hauppauge</p> <p>State New York ZIP Code + 4 11788</p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11 a Nature of such dealing</b></p> <p><b>11 b Approximate dollar value of such dealing</b></p> <p><b>12 a Nature of interest held or income received</b></p> <p>Educational Conference Lodging</p> <p><b>12 b Amount</b> \$1 029</p>

Name of Person Filing Alan Ehl	File Number U
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**Part B Continuation Page**

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Name of Person Filing Alan Ehl

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Empire State Fringe Benefit Funds

Trade Name if any Carpenter

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Trustee Meeting Lodging

## 12 b Amount

\$339

Name of Person Filing Alan Ehl

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## Part B Continuation Page

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## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Membership Dues

## 12 b Amount

\$30<sup>00</sup>